

2600.3 Form HCFA-25D, Medicaid Program Budget Report - Medical Assistance Payments. -- This form is generated by MBES during the check back process. All dollar amounts are rounded to the nearest thousand.

The service types listed on this form are compatible with the list of services on the Form HCFA-64.9. Report estimated Medical Assistance Payments for each of the services on lines 1-25. If a particular type of service is not provided under a State Plan or the estimated expenditure is less than \$500, leave the entry blank. In those instances where you cannot report budget figures on the lines provided because your participation in those service categories is minimal, report those estimates on line 25, Other Care.

A. Column Headings for Columns A, C, and E are the total estimated Medical Assistance Payments computable for Federal funding for each fiscal year.

Columns B, D, and F are the Federal share of the total computable amounts entered in columns A, C and E for each fiscal year. (See §2602 for designation of fiscal years to be reported.)

B. Line Headings. -- Lines 1 - 25 are projected Medical Assistance Payments distributed by type of service.

Line 1 - Enter the total computable and Federal share amount for Inpatient Hospital services.

Line 2 - Enter the total computable and Federal share amount for Mental Health Facility services.

Line 3 - Enter the total computable and Federal share amount for Nursing Facility services.

Line 4A - Enter the total computable and Federal share amount for Intermediate Care Facility/Mentally Retarded (ICF/MR) services provided by public facilities. (These are facilities owned or operated by a State, county, city, or other local government agency or instrumentality.)

Line 4B - Enter the total computable and Federal share amount for ICF/MR services provided by private facilities. (These are facilities which are nonpublic facilities).

Line 5 - Enter the total computable and Federal share for Physician services.

Line 6 - Enter the total computable and Federal share amount for Outpatient Hospital services.

Line 7 - Enter the total computable and Federal share amount for Prescribed Drugs.

Line 7A - Enter the total computable and Federal share amount for Drug Rebate Offsets.

Line 8 - Enter the total computable and Federal share amount for Dental services.

Line 9 - Enter the total computable and Federal share amount for Other Practitioner services.

Line 10 - Enter the total computable and Federal share amount for Clinic services.

Line 11 - Enter the total computable and Federal share amount for Laboratory and Radiological services.

Line 12 - Enter the total computable and Federal share amount for Home Health services.

Line 13 - Enter the total computable and Federal share amount for Sterilization services.

Line 14 - Enter the total computable and Federal share amount for Abortion services.

Line 15A - Enter the total computable and Federal share amount for EPSDT Periodic Screening services.

Line 15B - Enter the total computable and Federal share amount for EPSDT Interperiodic Screening services.

Line 16 - Enter the total computable amount and Federal share for Rural Health Clinic services.

Line 17 - Enter the total computable and Federal share amount for Health Insurance premiums for Part A and Part B Insurance, Coinsurance and Deductible payments and Group Health Plan payments.

Whenever possible (except for Part A and Part B Premiums and Group Health Plan Payments) distribute Health Insurance Payments of all types to the appropriate service category and exclude them from this category.

Line 18 - Enter the total computable and Federal share amount for Home and Community Based services provided in accordance with a waiver approved under §1915 of the Act. If multiple waivers have been approved, report only one combined estimate.

Line 19 - Enter the total computable and Federal share amount for Home and community Based services for the Functionally Disabled Elderly.

Line 20 - Enter the total computable and Federal share amount for Community Supported Living Arrangement payments.

Line 21 - Enter the total computable and Federal share amount for Personal Care services. Report only payments related to Personal Care services as defined by 42 CFR 440.170(f).

Line 22 - Enter the total computable and Federal share amount for Targeted Case Management Services.

Line 23 - Enter the total computable and Federal share amount for Hospice Benefits.

Line 24 - Enter the total computable and Federal share amount for payments to Federally Qualified Health Centers.

Line 25 - Enter the total computable and Federal share amount for Other Care services not attributable to lines 1 - 24. (See §2601.A.25.)

Line 26 - The sum of lines 1 through 25.

Line 27 is the total computable and Federal share of Collections, both those actually reported and those being estimated.

Line 27A - Enter the total computable and Federal share amount of Prior Period Adjustments.

Line 28 is the total computable and Federal share amount of total estimated Medical Assistance Payments entered on line 26 less the estimated (or actual) total computable and Federal share collections on line 27 plus the estimated (or actual) prior period adjustments.

Form HCFA-25D Cross References

1. Line 28, Columns, A, C, and E must equal Form HCFA-25C, line 3, Columns A, B, and C.
2. Line 28, Columns, B, D, and F must equal Form HCFA-25C, line 3, Columns D, E, and F.

THIS PAGE RESERVED FOR
MEDICAID PROGRAM BUDGET REPORT
MEDICAL ASSISTANCE PAYMENTS
(IN THOUSANDS)
PAGE 3

2600.4 Form HCFA-25F, Medicaid Program Budget Report - Price Factors. -- Complete this form in its entirety for each quarterly submission.

A. Line Headings for Lines 1 - 25. -- The medical services listed in lines 1 - 25 are defined in §2601.A. Make entries for each service for which estimates are reported on Form HCFA-25D.

B. Column Headings for Columns A, B and C, Lines 1 to 25. -- Enter, by type of service, the cost per unit of service assumed in preparing the Medical Assistance Payment estimates reported on Form HCFA-25D. Enter the cost per unit for each of the three fiscal years. (See §2602 for designation of fiscal years to report.) Entries must reflect the estimated cost per unit of Medical Assistance Payments computable for Federal funding, reported to the nearest cent, for each unit of service identified in Column D.

Column D -- Identify the units of service for which unit costs are reported in Columns A, B, and C. While the following table lists the preferred unit for each service, you have the option of reporting by any unit employed in your forecasting systems. Regardless of the service unit selected, identify it in Column D or in the Narrative section.

TYPE OF SERVICE

UNIT OF SERVICE

1.	Inpatient Hospital	Day of Care
2.	Mental Health Facility	Day of Care
3.	Nursing Facility	Day of Care
4.	ICF/MR	Day of Care
5.	Physician	Visit
6.	Outpatient Hospital	Visit
7.	Prescribed Drugs	Prescription
7A.	Drug Rebate	Prescription
8.	Dental	Visit
9.	Other Practitioners	Visit
10.	Clinic	Visit
11.	Laboratory and Radiological	Claim
12.	Home Health	Visit
13.	Sterilizations	Claim
14.	Abortions	Claim
15.	EPSDT Screenings	Visit
16.	Rural Health Clinic	Visit
17.	Health Insurance Payments	Covered Eligible
18.	Home and Community-Based Waivers	Covered Eligible
19.	H&CB Care for Functionally Dis- abled Elderly	Visit
20.	Community Supported Living Ar- rangement	Day of Care
21.	Personal Care	Visit
22.	Targeted Case Management	Covered Eligible
23.	Hospice	Day of Care
24.	Federally Qualified Health Centers	Visits
25.	Other Care	Claim

C. Footnotes. -- This space highlights any additional relevant information pertaining to price factor assumptions; e.g., short explanations of large changes in any service category or definitions of service units. Provide comprehensive explanations/analyses of changes on Forms HCFA-25J (1) and J (2). (See §2600.8.)

THIS PAGE RESERVED FOR
MEDICAID PROGRAM BUDGET REPORT
PRICE FACTORS CHART
PAGE 7

2600.5 Form HCFA-25G, Medicaid Program Budget Report - Estimated Recipients. Complete this form in its entirety for each quarterly submission.

Enter the number (NOT percentage change) of estimated (unduplicated) Medicaid recipients of service (only those eligible for FFP) expected in each year by maintenance assistance status and by basis of eligibility. Use the same types of recipients of service as defined in §2601.B.

Report estimated annual unduplicated recipients of service. Do not report the average monthly. Your projections are used to show the total expected annual unduplicated number of recipients of service in the budget presented to the Congress, as well as for various actuarial projections and long-range planning purposes.

Classify the recipients under only one category for the entire fiscal year. Do not duplicate recipients on the form.

A. Column Headings. --Column A is the number of unduplicated recipients of service in the base year (the most recently completed Federal fiscal year which you used in estimating your future years' recipient counts).

Columns B, C and D are the number of unduplicated recipients of service expected in each fiscal year. In Column B, include the number for FY 1, in Column C the number for FY 2, and in Column D the number for FY 3. (See §2602 for designation of fiscal years to report.)

Column E identifies the basis upon which unduplicated recipients of service are estimated. A typical entry could be "historical trends - regression" or "Department of Social Services estimates."

B. Line Headings. --Report the estimated number of unduplicated recipients of service by basis of eligibility under each maintenance assistance status.

Lines 1A to 1D. - Enter the number of recipients of service, for each basis of eligibility, who are Categorically Needy - Receiving Maintenance Assistance Payments.

Lines 2A to 2E. - Enter the number of recipients of service, for each basis of eligibility, who are Categorically Needy - Not Receiving Maintenance Assistance Payments.

Lines 3A to 3E. - Enter the number of recipients of service, for each basis of eligibility, who are Medically Needy.

Line 4. - Enter the number of recipients who are qualified Medicare beneficiaries.

Line 5. - Enter the total number of recipients reported on lines 1-4.

C. Footnotes. --This space highlights any additional relevant information pertaining to estimated recipient assumptions; e.g., short explanations of large changes in any recipient category. Provide comprehensive explanations/analyses of changes on Forms HCFA-25 J (1) and J (2). (See §2600.8.)

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MEDICAID PROGRAM BUDGET REPORT
ESTIMATED RECIPIENTS CHART
PAGE 8

2600.6 Form HCFA-25H, Medicaid Program Budget Report - Utilization Factors. Complete this form in its entirety for each quarterly submission.

A. Line Headings - Medical services listed in lines 1 to 25 are defined in §2601.A. Make entries for each service for which estimates are reported on Form HCFA-25D.

B. Column Headings for Columns A, B and C. --Enter, by type of service, the total number of units of service assumed in preparing the Medical Assistance Payment estimates reported on Form HCFA-25D. Enter the number of units for each of the three fiscal years. (See §2602 for designation of the fiscal years to report.)

Column D. - Identify the unit of service for which total number of units are reported in Columns A, B, and C. These units must match those reported on Form HCFA-25F. Any definitions or explanations of service units provided with Form HCFA-25F may be cross referenced to Form HCFA-25H. (See §2600.4.)

C. Footnotes. --This space highlights any additional relevant information pertaining to utilization factor assumptions, e.g., short explanations of large changes in any service categories or definitions of service units. Provide comprehensive explanations/analyses of changes on Forms HCFA-25 J (1) and J (2). (See §2600.8.)

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MEDICAID PROGRAM BUDGET REPORT
UTILIZATION FACTORS CHART
PAGE 9

2600.7 Form HCFA-251, Medicaid Program Budget Report - State and Local Administration. -- This form provides a distribution by type of activity of the total estimated expenditures for State and Local Administration for the Medical Assistance Program to be made in accordance with the State plan approved under Title XIX. Complete this form in its entirety for each quarterly submission. Round all dollar amounts to the nearest thousand.

A. Column Headings--Column A is the total estimated State and Local Administration expenditures computable for Federal funding for each fiscal year.

Column B is the Federal share of the total computable amounts entered in Column A for each fiscal year. (See §2602 for designation of fiscal years to be reported.)

B. Line Headings. -- Enter the following line information.

Line 1 is the total computable and Federal share (90 percent) amounts attributable to the salaries, fringe benefits, travel costs, and other expenses for personnel engaged in the administration of Family Planning services. (See 42 CFR 433.15(b)(2).)

Line 2A is the total computable and Federal share (90 percent) amounts for the costs of the Medicaid agency (in-house) attributable to the design, development, or installation of a Medicaid Management Information System (MMIS). (See 42 CFR 433.112.)

Line 2B is the total computable and Federal share (90 percent) amounts for the costs of private sector contractors attributable to the design, development, or installation of an MMIS. (See 42 CFR 433.112.)

Line 2C is the total computable and Federal share (90 percent) amounts for State acquisition of electronic point-of-sale claims management system for the purpose of performing on-line, real time eligibility verifications, claims data capture, adjudication of claims and assisting pharmacists (and other authorized personnel) in applying for and receiving payment. (See §4401 of OBRA 1990.)

Line 3 is the total computable and Federal share (75 percent) amounts attributable to the salaries, fringe benefits, travel costs, and other expenses for skilled professional medical personnel and staff of the Medicaid agency directly supporting such personnel. (See 42 CFR 432.50.)

Line 4A is the total computable and Federal share (75 percent) amounts for the costs of the Medicaid agency (in-house) attributable to the operation of an approved MMIS. (See 42 CFR 433.116.)

Line 4B is the total computable and Federal share (75 percent) amounts for the costs of private sector contractors attributable to the operation of an approved MMIS. (See 42 CFR 433.116.)

Line 5A is the total computable and Federal share (50 percent) amounts for the costs of the Medicaid agency (in-house) attributable to the design, development, installation, or operation of mechanized claims processing and information retrieval systems that are not part of an approved MMIS, but do benefit the Medicaid program.

Line 5B is the total computable and Federal share (50 percent) amounts for the costs of private sector contractors attributable to the design, development, installation or operation of mechanized claims processing and information retrieval systems that are not part of an approved MMIS but do benefit the Medicaid program.

Line 6 is the total computable and Federal share (75 percent) amounts for costs associated with medical and utilization reviews performed by Peer Review Organizations. (See 42 CFR 433.15(b)(6).)

Line 7 is the total computable and Federal share (50 percent) amounts for other administrative activities necessary for the proper and efficient administration of the State plan. (See 42 CFR 433.15(b)(7).)

Line 8A is the total computable and Federal share (50 percent) amounts of the billing for the third party liability recovery procedure. (See §1902(a)(25) of the Act and §2500.5.B.)

Line 8B is the total computable and Federal share (50 percent) amount of the billing for the assignment of rights. (See 20 CFR 416 and §2500.5.B.)

Line 9 is the total computable and Federal share (100 percent) amounts for costs directly attributable to the implementation and operation of the Immigration Status Verification System. (See the Immigration Reform and Control Act of 1986 and §1137(d) of the Act.)

Line 10 is the total computable and Federal share (50 percent) amount for costs directly attributable to nurse aide training and competency evaluation programs. (See §1919(e)(1) of the Act.)

Line 11 is the total computable and Federal share (75 percent) amounts for costs directly attributable to pre-admission screening. (See §1919(e)(7)(A) and §1903(a)(2)(c) of the Act.)

Line 12 is the total computable and Federal share (75 percent) amounts for costs directly attributable to Resident Review Activities. (See §1919(e)(7)(B) and §1903(a)(2)(c) of the Act.)

Line 13 is the total computable and Federal share (75 percent) for amounts expended that are attributable to Statewide adoption of a drug use review program. (See §4401 of OBRA 1990.)

Line 14 is the total computable and Federal share (75 percent) costs attributable to the administrative activities necessary to carry out all of the drug implementation except the drug review program. The Federal matching rate reverts back to 50 percent after September 30, 1991. (See §4401 of OBRA 1990.)

Line 15 is the sum of lines 1 through 14.

Line 16 is the total computable and applicable Federal share amounts of all collections related to State and Local Administration for the Medical Assistance Program.

Line 16A is the total computable and applicable Federal share amounts of all prior period adjustments related to State and Local Administration for the Medical Assistance Program.

Line 17 is the net total of line 15 less the total of lines 16 and 16A.

Form HCFA-25I Cross References

Line 17, Column A must equal Form HCFA-25C line 7, Column A, B, or C, for the appropriate fiscal year.

Line 17, Column B must equal Form HCFA-25C line 7, Column D, E, or F for the appropriate fiscal year.

THIS PAGE RESERVED FOR
MEDICAID PROGRAM BUDGET REPORT
STATE AND LOCAL ADMINISTRATION
(IN THOUSANDS) CHART
PAGE 10

2600.8 Forms HCFA-25J(1), 25J(2) and Associated Narrative Pages Medicaid Program Budget Report - Statements of Reasons for and Amounts of Changes From Previous Estimate and Between Fiscal Years. -- These forms provide guidance on the format to follow in explaining the reasons for changes in assumptions. You are expected to furnish comprehensive explanations and analyses of changes to support your estimates (quantitative and narrative).

A. Form HCFA-25J(1) - Statement of Reasons and Amounts of Changes From Previous Estimate. -- Complete this form for each quarterly submission. If your estimates and assumptions have not changed since the previous submission, an annotation of "no change" at the top of the Amount column is sufficient.

Report the specific reasons for all changes in your current estimates from the previous submission of the Form HCFA-25. Complete a separate form for each fiscal year for which your estimate has changed. Explain all changes in assumptions concerning estimated Medical Assistance Payments and/or State and Local Administration expenditures. Report the dollar impact of each revised assumption in the Amount column which reflects the total amount computable for Federal funding. Round all dollar amounts to the nearest thousand.

Report all changes in assumptions attributable to State management initiatives, Federal initiatives, recently enacted Federal legislation, State legislative activity, as well as other sources under one of the following categories.

Price - Changes in such factors as inflation or reimbursement rates and methodologies, as well as the associated dollar impact.

Recipient - Changes influencing total anticipated number of recipients, composition of recipient population, etc., as well as the associated dollar impact.

Utilization - Changes influencing utilization trends for particular types of services, as well as the associated dollar impact.

Other - Any changes in assumptions underlying budget estimates not directly related to price, recipient, or utilization factors, as well as the associated dollar impact.

NOTE: The data collected on this form is used to explain and to justify to Congress major changes in national Medicaid estimate from submission to submission. If additional space is required for explanation of changes, use the narrative pages which are found at the back of each HCFA-25 package.

B. Form HCFA-25J(2) - Statement of Reasons and Amounts of Changes Between Fiscal Years. -- Complete this form for each quarterly submission. If your estimates and assumptions have not changed since the previous submission, an annotation of "no change" at the top of the Amount column is sufficient.

Report on this form the specific reasons for all changes in your current estimates from fiscal year to fiscal year. Complete one form explaining the changes from FY 1 to FY 2 and another form explaining the changes from FY 2 to FY 3. Explain all changes in assumptions concerning estimated Medical Assistance Payments and/or State and Local Administration expenditures. Report the dollar impact of each revised assumption in the Amount column which reflects the total amount computable for Federal funding. Round all dollar amounts to the nearest thousand.

C. Blank Narrative Pages. -- These pages were first introduced in July 1990 to encourage you to provide additional pertinent information which

is inappropriate for Forms HCFA-25J(1) and 25J(2). Use these pages to explain the amount of changes in each service category, the effects of proposed or newly enacted legislation, to supply special information that is occasionally requested by HCFA, or to provide any other details that help explain the dynamics of the budget submission.

See subsection A for changes in price, recipient, utilization, and other changes affecting budget assumptions.

THIS PAGE RESERVED FOR
MEDICAID PROGRAM BUDGET REPORT
STATEMENT OF REASONS FOR AND AMOUNTS OF CHANGES FROM PREVIOUS
ESTIMATE

FY 19 (IN THOUSANDS)
PAGE 14

THIS PAGE RESERVED FOR
MEDICAID PROGRAM BUDGET REPORT
STATEMENT OF REASONS FOR AND AMOUNTS OF CHANGES BETWEEN FISCAL
YEARS
CURRENT SUBMISSION
FY19 TO FY19 (IN THOUSANDS)
PAGE 15

2600.9 Form HCFA-25D.1, Medicaid Program Budget Report - Medical Assistance Payments - Current Year. --To meet needs expressed by the Office of Management and Budget, Executive Office of the President (EOMB), for comparable breakdown of budget and expenditure information so that HCFA may be able to make more accurate budget forecasts, forms have been designed to capture quarterly reporting of Medical assistance payments for the current and the budget fiscal years.

Complete this form in its entirety for each quarterly submission. Round all dollar amounts to the nearest thousand. Update the current fiscal year as it progresses to reflect new or revised quarterly budget estimates. Information for certain quarters have been carried over from previous HCFA-64 Expenditure Report(s).

NOTE: Some columns may be completed when you initially call up this form. The data shown reflects those expenditures reported by you on the last HCFA-64 submission. **DO NOT** alter this data without first consulting your RO representative.

A. Line Headings - Lines 1 to 28. --Medical services, lines 1 to 25, are defined in §2601.A. Make entries for each service for which estimates are to be reported on Form HCFA-25D. Line 26 reflects the sum of lines 1 to 25. Lines 27 and 27A are the total of all estimated collections and prior period adjustments (respectively) for the quarter. Line 28 reflects the net total of line 26 plus (or minus) the sum of lines 27 and 27A.

B. Column Headings - Columns A, C, E and G. --Enter the estimated Medical assistance payments computable for Federal funding for each quarter of the current fiscal year.

Columns B, D, F and H. --Enter the Federal share of the total computable amounts entered in columns (A, C, E, and G), for each quarter of the current fiscal year.

If you choose not to input the federal share amounts, MBES provides options for completing these columns that allow the system to compute these amounts for you. There are two options you can choose when you select a form on the RECORD SELECTION screen. Choosing a form (31, 32 or 33) and adding a "T" suffix allows you to input only the total computable figures and have MBES compute the federal share using your FMAP rate. Choosing a form and adding an "M" suffix allows you to input total computable figures and an assumed FMAP rate to compute the federal share.

NOTE: Do not use these options when you are processing forms that reflect actual expenditures from prior periods (i.e. any current year forms). Exercising the options changes any enhanced rate amounts to normal, pre-programed rate amounts.

C. Footnotes. --This space highlights any additional relevant information pertaining to the current fiscal year; e.g., short explanations of large changes in any service category during the quarter. Provide comprehensive explanations/analyses of changes on Forms HCFA 25J(1) and J(2). (See §2600.8.)

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MEDICAID PROGRAM BUDGET REPORT
MEDICAL ASSISTANCE PAYMENTS (IN THOUSANDS)
PAGE 4

2600.10 Form HCFA-25D.2, Medicaid Program Budget Report - Medical Assistance Payments - Budget Year. --Complete this form in its entirety for each quarterly submission. Round all dollar amounts to the nearest whole thousand. Update the Budget Year as the fiscal year progresses to reflect new or revised quarterly budget estimates.

A. Line Headings -- Lines 1 to 28. --Follow instructions for the Form HCFA-25D.1. (See §2600.9.)

B. Column Headings -- Columns A, C, E and G. --Enter the estimated Medical assistance payments computable for Federal funding for each quarter of the budget fiscal year.

Columns B, D, F and H. --Enter the Federal share of the total computable amounts entered in columns A, C, E, and G for each quarter of the Budget fiscal year.

C. Footnotes. --This space highlights any additional relevant information pertaining to the Budget fiscal year; e.g., short explanations of large changes in any service category during the quarter that affects on the next budget year. Provide comprehensive explanation/analysis of changes on Forms HCFA-25J(1) and J(2). (See §2600.8.)

THIS PAGE RESERVED FOR
MEDICAID PROGRAM BUDGET REPORT
MEDICAL ASSISTANCE PAYMENTS (IN THOUSANDS)
PAGE 5